

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2 0 0 1 - 0 5

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.20

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 1,359

b. FFY 2002 \$ 2,717

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 29,
Attachment 3.1-B, page 23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 29,
Attachment 3.1-B, page 23

10. SUBJECT OF AMENDMENT:

Family Planning

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

6/7/2001

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
Agency for Health Care Administration
Post Office Box 12600
Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 7, 2001

18. DATE APPROVED:

June 27, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Regina A. Granger

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

FAMILY PLANNING

4/1/2001
(4c)

An initial/annual family planning visit is limited to one per year and a supply visit is limited to one every month. Sterilizations are limited to recipients who meet the requirements of 42 CFR 441.253.

HIV testing and counseling are limited to four per year for recipients acknowledging HIV risks.

HIV testing and counseling are limited to two per lifetime for preventive measures.

Amendment 2001-05
Effective 4/1/2001
Supersedes 98-26

Approval JUN 27 2001

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